

# Sharing Racial and Ethnic Data

## 2009 Utah Health Disparities Summaries

April Young Bennett, MPA  
Utah Department of Health,  
Center for Multicultural Health





# Goals

## Help community members and health workers:

- ☀️ Raise awareness of Utah minority health issues
- ☀️ Plan health programs specific to minority groups
- ☀️ Obtain grant funding for organizations serving minorities, and;
- ☀️ Eliminate racial and ethnic health disparities.



# Strategies

- ☀️ Publishing a unique report for each racial/ethnic group
- ☀️ Limiting report length to six pages each
- ☀️ Seeking feedback from community members throughout the process
- ☀️ Publishing each report on a different date



# 5 Separate Reports



# Publishing a unique report for each racial/ethnic group



- ☀ Brevity
- ☀ Interest for a specific racial/ethnic community
- ☀ Avoided comparisons
- ☀ Attention for issues important to specific communities
- ☀ Allowed tailoring to community requests





## Utah Health Disparities Summary 2009

# Hispanics and Latinos

### Chronic Conditions, Reproductive Health, Injury, and Lifestyle Risk

The Utah Hispanic/Latino population shares many health issues with the larger Utah population, but also has health problems and strengths unique to its communities. The Utah Department of Health, Division of Community and Family Health Services has compiled this summary to help community members and health workers:

- Raise awareness of health issues among Hispanics and Latinos;
- Plan health programs specific to Hispanics and Latinos;
- Obtain grant funding for organizations serving Hispanics and Latinos, and;
- Eliminate ethnic health disparities.

This page provides context for some of the health indicators listed on page 2.

**Inadequate health care** is a problem for Utah's Hispanic/Latino population. Higher percentages of this ethnicity have no usual place of health care and lack adequate prenatal care compared to all Utahns.<sup>1,2,3</sup> Nearly 1 in 3 lack health insurance.<sup>1</sup> Inadequate health care can result in fewer health screenings to identify illness, delayed health interventions, and difficulty managing chronic conditions like diabetes.

**Diabetes** affects Utah Hispanics/Latinos at higher rates than other Utahns.<sup>4</sup> Complications from diabetes can result in loss of vision and leg amputations. Poor nutrition, lack of exercise, and obesity increase risk for diabetes.

**Poor nutrition and a sedentary lifestyle** are problems for Utah Hispanics/Latinos; the majority do not get enough exercise or eat enough vegetables.<sup>4</sup> Like Utahns overall, more than 1 in 5 Utah Hispanics/Latinos are obese.<sup>4,5</sup> Hispanic/Latino children also have higher rates of dental problems than other Utah children.<sup>6</sup>

**Gestational diabetes** is more prevalent in the Hispanic/Latino population than among all Utahns.<sup>3</sup> Gestational diabetes can lead to infants with an increased risk for childhood obesity and adult type 2 diabetes.<sup>7</sup>

**Births to teens** are frequent among Hispanics/Latinas in Utah and nationally.<sup>8,9</sup> In 2007, the Utah Hispanic/Latina teen birth rate reached its highest point in five years, three times higher than the general Utah population.<sup>8,9</sup>

**Births from unintended pregnancies** are more common for Utah Hispanics/Latinas than for all Utahns.<sup>10</sup> Women with unintended pregnancies often lack adequate prenatal care and may expose their fetuses to risk from cigarette smoke and alcohol.<sup>11</sup>

**Low birth weight** increases the risk for infant sickness and death and is more prevalent among Hispanics/Latinos than other Utahns. Babies born to teens are more likely to be low birth weight than babies born to other mothers.<sup>12</sup>

**Lower death rates from heart disease and cancer** compared to all Utahns benefit Utah Hispanics/Latinos.<sup>13</sup> This group also meets state targets for 2010 for low rates of stroke death, unintentional injury death, and arthritis problems.<sup>13,14,15,16</sup>



This document highlights selected chronic diseases and risks particularly relevant to community health.<sup>17</sup> Future summaries are planned for other topics. Information on other diseases is available at <http://ibis.health.utah.gov>. Like all data products, these results have limitations. Surveys randomly select a segment of the population and may not include enough people in small population groups to see statistically significant health disparities. Birth and death records are also subject to variation as they are, in effect, taken from a sample of time (a year).<sup>18</sup>





## Health Indicators of Utah Hispanics/Latinos

**From 2003 through 2007, life expectancy at birth of Utah Hispanics/Latinos was 79.7 years. The statewide life expectancy was 78.7.<sup>19</sup>**

This table compares health indicators of Hispanic/Latino Utahns to all Utahns and state and national targets for the year 2010.<sup>16</sup> The first two columns provide the estimated rates followed by the 95% confidence interval (the range within which we can be 95% certain to be correct). The disparity column indicates when we can be 95% confident that the Hispanic/Latino rate is **better** (↓) or **worse** (↑) than the rate for all Utahns. The final column indicates when the **Utah Hispanic/Latino population met the state target for 2010** (✓) at the time of data collection. State targets were set by Utah public health workers based on health program goals and Healthy People 2010, the national health promotion agenda. Healthy People 2010 names two overarching goals: increase quality and years of healthy life and eliminate health disparities.<sup>16</sup>

	Hispanic/ Latino Utahns	All Utahns	Disparity	2010 Target Met
<b>Access to Health Care</b>				
No Health Insurance Coverage <sup>1</sup>	31.6% (27.9-35.5)	10.7% (10.0-11.3)	↑	
No Usual Place of Care <sup>1,2</sup>	20.4% (17.3-23.5)	9.8% (9.2-10.4)	↑	
Inadequate Prenatal Care <sup>3</sup>	33.0% (32.0-34.0)	18.6% (18.3-18.9)	↑	
<b>Births</b>				
Infant Death per 1,000 births <sup>20</sup>	5.1 (4.3-5.9)	4.4 (4.1-4.9)		
Low Birth Weight <sup>12</sup>	7.4% (7.0-7.8)	6.8% (6.7-7.0)	↑	
Preterm Birth <sup>3</sup>	9.5% (9.0-10.2)	9.5% (9.2-9.7)		
Gestational Diabetes <sup>3</sup>	5.0% (4.6-5.5)	3.2% (3.0-3.3)	↑	N/A
Births from Unintended Pregnancies <sup>10</sup>	42.0% (39.1-46.2)	33.2% (31.8-34.6)	↑	
Births to Adolescents per 1,000 girls 15-17 <sup>8</sup>	66.3 (62.1-70.5)	17.5 (16.7-18.2)	↑	
<b>Chronic Conditions</b>				
Coronary Heart Disease Death per 100,000 population <sup>13</sup>	16.5 (12.2-21.9)	59.4 (56.5-62.4)	↓	✓
Stroke Death per 100,000 population <sup>13</sup>	9.2 (6.0-13.3)	27.6 (25.7-29.7)		✓
Cancer Death per 100,000 population <sup>13</sup>	34.7 (28.3-42.2)	97.6 (93.8-101.4)	↓	✓
Diabetes <sup>4</sup>	5.6% (4.3-7.2)	5.5% (5.2-5.9)	↑	
Activities Limited Due to Arthritis <sup>15</sup>	23.4% (17.5-30.5)	27.1% (25.9-28.4)		✓
<b>Injury</b>				
Unintentional Injury Death per 100,000 population <sup>13,14</sup>	20.7 (15.8-26.6)	27.4 (25.4-29.4)		✓
<b>Lifestyle Risk</b>				
Cigarette Smoking <sup>4</sup>	13.2% (11.0-15.8)	11.1% (10.5-11.6)		
Obesity <sup>4,5</sup>	21.4% (18.8-24.3)	21.3% (20.7-22.0)		
No Physical Activity <sup>4</sup>	30.9% (27.9-34.1)	18.3% (17.7-19.0)	↑	
Fewer than 3 Vegetables per Day <sup>4</sup>	85.8% (82.5-88.6)	77.3% (76.4-78.2)	↑	
<b>Overall Health Status</b>				
Self-reported Poor Physical Health <sup>4,21</sup>	13.0% (11.1-15.2)	13.9% (13.3-14.4)	↑	N/A

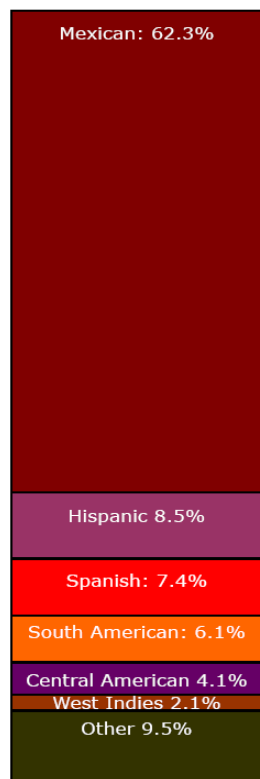
Note: Age-adjusted rates were calculated to reach the conclusions listed in the "Disparity" and "2010 Target Met" columns. For comparisons, see the age-adjusted rates and specific 2010 targets available in the Appendix (pg. 4). The values in this table are not age-adjusted to show the burden on the population.



## Demographics of Utah Hispanics/Latinos

There were more than 306,000 Hispanic or Latino Utahns in 2007, comprising 12% of the Utah population.<sup>22</sup>

### Self-reported Ancestry<sup>22,23</sup>



	Hispanic/ Latino Utahns	All Utahns
<b>Age<sup>22</sup></b>		
Children Under 18	39.2%	31.0%
Adults Age 18-44	45.5%	41.0%
Adults Age 45-64	12.1%	19.4%
Adults Age 65 and Older	3.2%	8.7%
<b>Gender<sup>22</sup></b>		
Male	53.4%	50.4%
Female	46.6%	49.6%
<b>Poverty<sup>22</sup></b>		
Persons Living in Poverty	21.6%	10.3%
Children Living in Poverty	27.5%	11.4%
<b>Education (age 25 and older)<sup>22,24</sup></b>		
No High School Diploma	37.2%	10.0%
High School Graduate	31.2%	26.3%
Some College	20.8%	35.5%
Bachelor's or Graduate Degree	10.9%	28.2%
<b>Housing (by occupied housing unit)<sup>22</sup></b>		
Owned	51.8%	71.9%
Rented	48.2%	28.1%
<b>Families with Children<sup>22</sup></b>		
Married Couple Families	70.7%	81.0%
Single Mother Families	19.8%	13.8%
Single Father Families	9.5%	5.3%
<b>U.S. Citizenship<sup>22</sup></b>		
Citizen by Birth	57.4%	92.0%
Citizen by Naturalization	8.2%	2.5%
Not a Citizen	34.4%	5.5%
<b>English Skills (age 5 and older)<sup>22</sup></b>		
Speak Only English at Home	31.1%	86.1%
Speak English Very Well*	30.0%	8.0%
Do Not Speak English Very Well*	38.9%	5.9%

\*Speak language(s) other than English at home

Note: These demographic indicators are included as context; they may be associated with health. For more demographic information, see <http://factfinder.census.gov/>





The conclusions listed in the "Disparity" and "2010 Target Met" columns were analyzed using rates that were age-adjusted to the U.S. 2000 population for Behavioral Risk Factor Surveillance System (BRFSS), Utah Healthcare Access Survey (UHAS), and Utah Death Certificate Database (UDCD) data. Age-adjustment categories were 18-34, 35-49, and 50+ for BRFSS and 0-44, 45-64, and 65+ for UHAS and UDCD.

## Appendix

Unadjusted Indicators	Target <sup>16</sup>	Age-adjusted Indicators	Hispanic/Latino Utahns	All Utahns	Target <sup>16</sup>
Inadequate Prenatal Care <sup>3</sup>	10.0%	No Health Insurance Coverage <sup>1</sup>	27.6% (24.3-31.1)	10.0% (9.4-10.6)	0.0%
Infant Death <sup>20</sup>	4.5	No Usual Place of Care <sup>1,2</sup>	18.5% (15.8-21.6)	9.4% (8.9-10.0)	4.0%
Low Birth Weight <sup>12</sup>	5.0%	Coronary Heart Disease Death <sup>13</sup>	53.4 (38.7-71.7)	84.3 (80.1-88.6)	98.6
Preterm Birth <sup>3</sup>	7.6%	Stroke Death <sup>13</sup>	27.5 (17.4-41.4)	40.1 (37.2-43.2)	49.0
Gestational Diabetes <sup>3</sup>	N/A	Cancer Death <sup>13</sup>	99.2 (79.3-122.7)	133.9 (128.7-139.3)	144.1
Births from Unintended Pregnancies <sup>10</sup>	30.0%	Diabetes <sup>4</sup>	10.0% (8.1-12.4)	6.3% (6.0-6.7)	3.9%
Births to Adolescents <sup>8</sup>	16.3	Activities Limited Due to Arthritis <sup>15</sup>	23.2% (18.0-29.4)	26.0% (24.8-27.3)	33.0%
		Unintentional Injury Death <sup>13,14</sup>	25.8 (18.2-35.4)	31.1 (28.9-33.6)	29.3
		Cigarette Smoking <sup>4</sup>	12.4% (10.4-14.8)	10.9% (10.4-11.4)	11.0%
		Obesity <sup>4,5</sup>	22.5% (19.9-25.5)	22.2% (21.6-22.9)	15.0%
		No Physical Activity <sup>4</sup>	33.2% (30.1-36.5)	19.0% (18.4-19.7)	15.0%
		Fewer than 3 Vegetables per Day <sup>4</sup>	83.7% (80.6-86.4)	76.5% (75.6-77.4)	55.0%
		Self-reported Poor Physical Health <sup>4,21</sup>	17.0% (14.7-19.6)	14.5% (13.9-15.0)	N/A

## Notes

- 1 Utah Healthcare Access Survey (formerly Utah Health Status Survey), Office of Public Health Assessment, Utah Department of Health, 2003-2007.
- 2 No usual source of health care is defined as answering, "no" to the question, "Thinking about medical visits, is there a USUAL place that you go when you are sick or need advice about your health?"
- 3 Utah Birth Certificate Database, Office of Vital Records and Statistics, Utah Department of Health, 2007. Inadequate prenatal care is the opposite of "adequate" care. Adequate care is defined according to the Kotelchuck Index, which includes month that prenatal care began, number of prenatal visits, and gestation. Preterm births are less than 37 weeks.
- 4 Behavioral Risk Factor Surveillance System, Office of Public Health Assessment, Utah Department of Health, 2003-2007. This survey includes adults only ages 18+.
- 5 Obesity is defined as a body mass index of 30kg/m<sup>2</sup> or higher.
- 6 [http://health.utah.gov/oralhealth/pdf/Make\\_Your\\_Smile\\_Count.pdf](http://health.utah.gov/oralhealth/pdf/Make_Your_Smile_Count.pdf) (Accessed January 2009).
- 7 American Diabetes Association, <http://www.diabetes.org/diabetes.jsp> (Accessed December 12, 2008).
- 8 Utah Birth Certificate Database, Office of Vital Records and Statistics, Utah Department of Health, 2006-2007. Population Estimates: Utah Governor's Office of Planning and Budget, 2008 Baseline projections (revised July 23, 2008). Adolescents or teens are ages 15-17.
- 9 [http://health.utah.gov/opha/publications/hsu/08Dec\\_AdolBrthLatina.pdf](http://health.utah.gov/opha/publications/hsu/08Dec_AdolBrthLatina.pdf) (Accessed December 2008)
- 10 Utah Pregnancy Risk Assessment Monitoring System, Reproductive Health Program, Utah Department of Health, 2004-2006.
- 11 Klima, C.S., Unintended pregnancy. Consequences and solutions for a worldwide problem. J Nurse Midwifery, 1998. 43(6): p. 483-91.
- 12 Utah Birth Certificate Database, Office of Vital Records and Statistics, Utah Department of Health, 2006-2007. Low birth weight is less than 2,500 grams (about 5.5 pounds).
- 13 Utah Death Certificate Database, Office of Vital Records and Statistics, Utah Department of Health, 2001-2005; Population Estimates: Utah Governor's Office of Planning and Budget, 2008 Baseline projections (revised July 23, 2008).
- 14 Unintentional injury death includes non-homicide and non-suicide deaths from drowning, falls, fires or burns, transportation-related injuries, poisoning, suffocation, and other unintended injuries.
- 15 Behavioral Risk Factor Surveillance System, Office of Public Health Assessment, Utah Department of Health, 2003, 2005, 2007.
- 16 See <http://www.healthypeople.gov/>. When Utah-specific targets exist, Utah targets that may differ from national Healthy People 2010 targets are listed. See Appendix.
- 17 A more comprehensive report is available at <http://health.utah.gov/opha/publications/raceeth05/RaceEth05.htm>. Indicators were selected as follows:  
Step 1. A team from the Division of Community and Family Health Services, Bureaus of Health Promotion, Maternal and Child Health, and Center for Multicultural Health examined data indicators that the bureau track. Indicators for other important conditions, such as infectious diseases and mental health, are not included.  
Step 2. The team subjectively chose indicators with broad implications for health outcomes, with preference for indicators from the Community Health Indicators Report. See [http://health.utah.gov/opha/publications/CommunityHealth/CHI/CHI\\_Report.htm](http://health.utah.gov/opha/publications/CommunityHealth/CHI/CHI_Report.htm)
- 18 BRFSS and UHAS include only data from Utahns with residential phones until 2009. For more information about state data sources, analysis techniques, and limitations, see <http://ibis.health.utah.gov/home/Help.html>.
- 19 Utah Death Certificate Database, Office of Vital Records and Statistics, Utah Department of Health, 2003-2007. Five year population count based on 2005 population estimates. Rates used to calculate life expectancy are per 100,000 population. The life expectancies for several groups are based on small numbers, so they could change noticeably with a few additional deaths overall or with additional deaths in a particular age group.
- 20 Utah Birth Certificate Database, Office of Vital Records and Statistics, Utah Department of Health, 2003-2006; Utah Death Certificate Database, Office of Vital Records and Statistics, Utah Department of Health, 2003-2006. The Healthy People 2010 target is for all races/ethnicities and uses death data only. The race/ethnicity data reported here use a linked birth/death file and may underestimate the race-specific infant mortality rate.
- 21 Self-reported poor physical health is defined as the percentage of adults aged 18 years and older who reported seven or more days when physical health was not good in the past 30 days.
- 22 American Community Survey, U.S. Census Bureau, 2005-2007. Universe: Utah Hispanic/Latino. The American Community Survey interviews the resident population without regard to the person's legal status or citizenship. The survey is completed through random sample and undocumented residents are included. Anyone who lives in the United States for more than two months out of the year is usually considered a resident. "Non-citizen" includes any non-citizen, with or without a visa. The survey is conducted by mail to persons with mailing addresses, with telephone and in-person follow-up, like the decennial census. See <http://www.census.gov/acs/www/Downloads/tp67.pdf>.
- 23 "Spanish" is an aggregate group consisting of all people who describe their ancestry as Spanish, Spanish, or Spanish-American.
- 24 Education is the highest level of education attained.



## Minority Health Resources



The Utah Department of Health (UDOH), Division of Community and Family Health Services has many **FREE** health resources for community agencies, health care providers, and the public. The following is a short description of the programs and resources available.

### Arthritis Program (UAP)

The UAP works to improve the quality of life for people affected by arthritis. The UAP has educational materials, public service announcements, and posters on self management and physical activity in both English and Spanish. The UAP promotes and refers Spanish and English speaking persons with arthritis to several classes, including the Arthritis Self Help Course and a Chronic Disease Self Help Program.

<http://health.utah.gov/arthritis/>

### Asthma Program

The Asthma Program works to provide a better quality of life for those with asthma. Educational materials are available on using inhalers correctly, how to control asthma triggers, information on how to find discount asthma medications, as well as community resources that teach asthma management. Many of the materials are available in both English and Spanish.

<http://health.utah.gov/asthma/>

### Baby Your Baby (BYB)

The BYB program educates women, families, health care providers, and the community about the importance of prenatal care, postpartum health, and infant care. The program has a website and materials that focus on these issues, such as the Infant Care Newsletters, the Baby Your Baby Health Keepsake, and Pregnancy Weight Gain tables. The website and many materials are available in both English and Spanish.

<http://www.babyyourbaby.org/>

### Cancer Control Program (UCCP)

UCCP works to reduce cancer incidence and death in Utah. Available resources include education materials and public awareness campaigns for: breast, cervical, colon, prostate, and skin cancers. Most materials are available in English and Spanish and some prostate cancer materials are specific to African-American men. The UCCP offers free or low-cost breast and cervical cancer screening to qualifying women ages 50-64.

<http://health.utah.gov/utahcancer/>

### Center for Multicultural Health (CMH)

CMH is Utah's office of minority health. CMH assists organizations serving racial and ethnic minorities with cultural responsiveness, interpretation and translation, outreach, and data. CMH publishes The CONNECTION, a monthly e-newsletter about minority health, and the Multilingual Library, an online collection of health materials in more than 30 languages.

<http://health.utah.gov/cmh/>

### Check Your Health

The Check Your Health campaign educates women, families, health care providers, and the community about fitness, nutrition, and obesity prevention. The program has a website, fact sheets and brochures on healthy eating, healthy snack ideas and portion control, a guide to healthy cooking, and physical activity tracking sheets. The online video series "Workouts on the Web" teaches strength training to beginners and experienced athletes alike.

<http://www.checkyourhealth.org/>

### Diabetes Prevention & Control Program (DPCP)

Diabetes disproportionately affects racial and ethnic minority populations. The DPCP has education materials available in 14 languages about diabetes management, nutrition, and physical activity. The DPCP works with community partners to provide diabetes self management education to Spanish and English speaking persons with diabetes. Also, the DPCP works closely with minority populations to help them determine diabetes risk and burden, increase capacity to address diabetes, and implement community programs to decrease the burden of diabetes among their community members.

<http://health.utah.gov/diabetes/>



# Limiting report length to six pages

- ☀️ Less intimidating
- ☀️ Well-received
- ☀️ Explanations available but not overwhelming
- ☀️ Careful prioritization of topics

# Seeking feedback from community members throughout the process



- ☀️ Helped meet the needs of racial/ethnic community-based organizations
- ☀️ Cultural Appropriateness
- ☀️ Buzz
- ☀️ Some conflicting or unfeasible feedback



# Publishing each report on a different date



☀️ More time to invest in the more difficult reports

☀️ More unpaid media opportunities



# Lessons learned

- ☀ Simplify
- ☀ Allow time
- ☀ Respond to feedback wisely
- ☀ Expect unscientific responses
- ☀ Overall, a successful project!



# Simplify

☀️ Still too complex!

☀️ Visual guide added



# Help Sheet

## Understanding the Data

### A guide to Utah Health Disparities Summaries 2009

These summaries provide data about health indicators, such as illnesses, causes of death and risks for poor health. The numbers in the main body of the reports are estimated **crude rates** (actual rates). However, for all data other than birth data, the health department team used **age-adjusted rates** to make comparisons between the racial/ethnic group rate, state rate, and target before determining whether to mark indicators with arrows to indicate disparities or checkmarks to indicate whether a target was met. Many of the health problems listed, such as diabetes or death from heart disease, affect older people more often than younger people. Many Utah minority groups have younger populations than the majority because of new, young immigrants and high birth rates. For such groups, crude rates may underestimate the burden of disease because the minority population has more young people. Therefore, it is necessary to adjust statistically for age differences to make a fair comparison. These age-adjusted rates are listed in the Appendix on page 4.

The Health Indicators Table (page 2) lists the estimated **crude rates** (actual rates) of health problems in the specific ethnic or racial community and among all Utahns. These crude rates estimate the proportion of the population that has a health problem.

Following each rate, the **95% confidence interval** is listed in parenthesis. Given the sample size and prevalence of the indicator, we can be 95% confident that the actual prevalence falls within this range.

The **Disparity** column is marked with a green, down-pointing arrow if the racial/ethnic rate was better (lower) than all Utahns' rate. It is marked with a red, up-pointing arrow, if the racial/ethnic rate was worse (higher) than all Utahns' rate. If there is no statistically significant difference between the two rates, there is no arrow. A statistically significant difference was defined as, "The age-adjusted state rate does not overlap with the age-adjusted 95% confidence interval of the rate for the racial/ethnic population."

The **2010 Target Met** column compares the racial/ethnic population's age-adjusted rate to state targets. This column marks indicators with a green checkmark if the racial/ethnic group has already met the state target for 2010. Most of these targets were set around the year 2000, as long-term objectives for improvement. Sometimes Utah health workers chose to match national targets from the national health agenda, Healthy People 2010. Sometimes Utah health workers made their own targets that were even more ambitious than national targets.

	African-American/Black Utahns	All Utahns	Disparity	2010 Target Met
Inadequate Prenatal Care <sup>4</sup>	21.2% (12.3-34.2)	10.7% (10.0-11.3)	↑	
	15.7% (8.6-22.9)	9.8% (9.2-10.4)	↑	
	47.0% (42.9-51.1)	18.6% (18.3-18.9)	↑	
Gestational Diabetes <sup>4</sup>	10.6% (5.8-15.5)	4.4% (4.1-4.7)	↑	
	10.5% (8.8-12.6)	6.8% (6.7-7.0)	↑	
	14.1% (11.4-17.3)	9.5% (9.2-9.7)	↑	
	4.8% (3.0-6.6)	3.2% (3.0-3.3)	↑	
Births from			N/A	N/A
Births to A			N/A	N/A
Chronic				
Coronary population				
Stroke Death per 100				
Cancer Death per 100				
Diabetes <sup>7</sup>				
Activities Limited Du				
Injury				
Unintentional Injury population <sup>9,18</sup>	22.0% (3.0-43.3)	27.4% (23.4-29.4)		

The **Appendix** (page 4) lists the 2010 targets and age-adjusted rates. Health department staff used these age-adjusted rates to determine whether to place arrows indicating disparities and checkmarks indicating targets met in the Health Indicators Table. Age-adjusted rates answer the hypothetical question, "If this group had the same age distribution as the whole United States population in the year 2000, what would their rate be?" They do not estimate the actual rates of disease in the population.

Appendix				
Unadjusted Indicators	Target <sup>11</sup>	Age-adjusted Indicators	African-American/Black Utahns	All Utahns
Inadequate Prenatal Care <sup>4</sup>	10.0%	No Health Insurance Coverage <sup>2</sup>	17.5% (10.3-28.2)	10.5% (10.4-10.6)
Infant Death <sup>5</sup>	4.3	No Usual Place of Care <sup>2,3</sup>	18.3% (11.2-31.0)	9.4% (

Center for Multicultural Health

For the complete reports, see <http://www.health.utah.gov/cmh/data/disparitiessummary.html>





# Allow time

☀️ High quality short reports take as much time to create as their longer counterparts.

**Prioritization**

**Feedback**

**Group processes**



# Respond to feedback wisely

- ☀️ Make final choices.
- ☀️ Explain your choices.



# Expect unscientific responses

- ☀️ Emotional responses to certain kinds of data
- ☀️ "Scandal" approaches



# Most feedback was positive...

- ☀️ "These reports are great, and may do more to advance the cause of minority health than anything that has been done in the state to date, mainly because they provide for a newsworthy item, will have value to the communities that are reviewed, and are well laid out and clear."
- ☀️ "Thank you for this material, it is very interesting and a good resource of information."
- ☀️ "Excellent work! It is wonderful to see how your team is making a difference across the state. And, this report is timely to advance the importance of public health. Thanks again."





# Project Team

☀ Laurie Baksh

☀ Cyndi Bemis

☀ April Young  
Bennett

☀ Heather Borski

☀ Michael  
Friedrichs

☀ Johnelle  
Lamarque

☀ Kathryn Marti

☀ Kimberly  
Partain  
McNamara

☀ Kim Neerings

☀ Karen Nellist

☀ Brenda Ralls

☀ Shelly Wagstaff

☀ Melissa Zito



**See the complete reports at...**

 <http://www.health.utah.gov/cmh/data/disparitiessummary.html>